

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07550

Reg. Dist. No. 286

1. PLACE OF DEATH:

County St. Mary's
City or town Rural Palmyra
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 yrs.
Hospital, institution, or street address where death occurred:
Now long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Ind County St. Mary's
City or town Rural Palmyra
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war.

3. (a) FULL NAME

Margaret Rebecca Bailey

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Joseph Francis Bailey 6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 5-2-1887

8. AGE: Years 61 Months 1 Days 1 If less than one day hrs. min.

9. Birthplace River Springs Ind
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Charles Cheselation

13. Birthplace River Springs Ind

14. Maiden name Josephine Cheselation

15. Birthplace River Springs Ind

16. Informant Dorothy H. Banagan

Address avonue Ind

17. Burial Date thereof 7-3-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Second Street

Location Bushy Grove Ind

18. Funeral director W.C. Matthews

Address Lincoln Ind

19. 7-3- 19 48 R.V. Palmer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-2 19 48 at 3:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on 7-2-48 19 48

Immediate cause of death Cerebral

Heart failure

Due to Coronary thrombosis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R.V. Palmer M. D. or other

Address avonue Ind Date signed 7-3-48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

47d

07551

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Marys
 City or town Leonardtown Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 days
 Hospital, institution, or street address where death occurred:
St. Marys Hospital
 How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Marys
 City or town Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Grace Mary Burroughs

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Wilson Burroughs
 6.(c) If alive, give age 63 years
 7. Birth date of deceased (mo., day, yr.) April 13 - 1903
 8. AGE: Years 45 Months 3 Days 8 If less than one day _____ hrs. _____ min.

9. Birthplace Mechanicville St. Marys Maryland
 (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name John Curie
 13. Birthplace St. Marys Co

14. Maiden name Ada Graden
 15. Birthplace St. Marys Co

16. Informant Wilson Burroughs
 Address Maryland

17. Burial Date thereof July 23-1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Joseph Cemetery

Location Maryland

18. Funeral director W. C. Mattingly, Inc.

Address Leonardtown Maryland

19. 7/22 48 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1945 at 8:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1948 to 3 1948 and that I last saw him alive on 2-1-48 19.

Immediate cause of death

Due to Carcinoma lung

Due to _____

Other conditions None

(Include pregnancy within 9 months of death)

Major findings of operations None

Date of op. _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

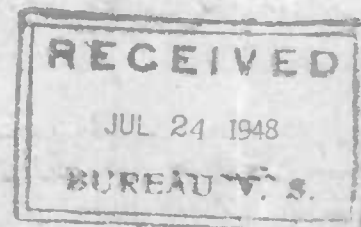
Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Alonius O. Welch M. D. or other

Address Chesapeake Md Date signed 7/22/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07552

Reg. Dint. No. 280

1. PLACE OF DEATH:

County St. Mary'sCity or town Burial at sea
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County St. Mary'sCity or town Burial at sea
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Robert Henry Collier

3. (b) Social Security Number

4. Sex m 5. Color or race cd 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Julia Collier6. (c) If alive, give age 63 years7. Birth date of deceased (mo., day, yr.) 9-8-18678. AGE: Years 80 Months 8 Days 14 If less than one day
hrs. min.9. Birthplace St. Mary's md
(Town, county, and state)10. Usual occupation house

11. Industry or business

12. Name Robert Collier13. Birthplace St. Mary's County14. Maiden name Marjaret Thomas15. Birthplace St. Mary's County16. Informant Edward CollierAddress Burial at sea17. Burial Date thereof 7-24-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Sacred HeartLocation Baltimore18. Funeral director Mc. MattinglyAddress In addition19. 7-24- 19 48 N. V. Palmer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-22 19 48 at 8:30 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-18 19 48 to 7-22 19 48and that I last saw him alive on 7-22 19 48Immediate cause of death Coronary thrombosisDue to chem hypoxia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. V. Palmer

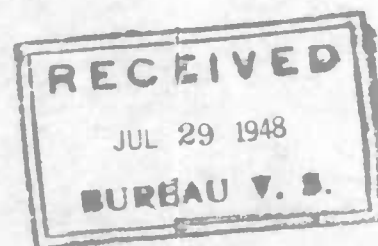
M. D. or other

Address Palmer Date signed 7-23-48

MARGIN RESERVED FOR BINDING

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County St. Marys
 City or town Compton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County St. Marys
 City or town Compton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war World War II

3. (a) FULL NAME

Robert Vincent Hazel

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) February 16, 1927
 8. AGE: Years 21 Months 4 Days 27 If less than one day hrs. min.

9. Birthplace Compton St. Marys Md
 (Town, county and state)
 10. Usual occupation black

11. Industry or business

12. Name Joseph M. Hazel
 13. Birthplace Compton
 14. Maiden name Maury E. Dillberry
 15. Birthplace Compton

16. Informant Joseph M. Hazel
 Address Compton

17. Burial Date thereof July 15, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St. Francis Xavier
 Location Newtown, St. Marys Md.

18. Funeral director W. B. Strattinger Sons
 Address Leonardtown, Md.

19. 7/14 48 Caucher
 (Date rec'd by registrar) (Year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 19 48 at 6:00 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead when first seen 19 48
 and that I last saw him alive on July 13 19 48

Immediate cause of death DURATION
Penetrating wound of heart mediate
 Due to Bullet
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide suicide Date of 7/13/48
 Where did injury occur? Compton, St. Marys Md.
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Highway
 Means of injury fatal bullet Injured at work? no

23. SIGNATURE John I. ... M. D. or other
 Address Leonardtown, Md. Date signed 7/13/48

UNITED STATES DEPARTMENT OF HEALTH

OFFICE OF THE ASSISTANT SECRETARY

RECEIVED

JUL 16 1948

BUREAU V. 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St. Mary's CountyCity or town Fall Timbers rd.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Five weeks

Hospital, institution, or street address where death occurred:

Fall Timbers Camp

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Washington County D.C.City or town _____
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Miss Katherine Agnes Hollohan

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced single6.(b) Name of husband or wife None

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Only know year 18758. AGE: Years 73 Months _____ Days _____ If less than one day _____ hrs. _____ min.8. Birthplace Washington D.C.
(Town, county, and state)10. Usual occupation House maker

11. Industry or business

12. Name Robert Hollohan13. Birthplace Ireland14. Maiden name Ellen Scanlon15. Birthplace Ireland16. Informant Mrs. Marie H. MatyardAddress Fall Timbers rd.17. Burial Date thereof July 7, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. OlivetLocation Wash. D.C.18. Funeral director Zirkle CompanyAddress 510 E. Street N.E. Wash. D.C.19. July 5, 1948 PJH Ind
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5, 1948 at 5:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1, 1948 to July 5, 1948and that I last saw him alive on July 4, 1948

Immediate cause of death _____ DURATION

Cerebral Hemorrhage 4 dayDue to General arteriosclerosis 10 years

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE PJH Ind M. D. or otherAddress Quint Mills Ind Date signed July 5/48

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JUL 7 1948

BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Marys
 City or town Bethesda Maryland
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Thomas W. MacKell

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Doris M. MacKell

7. Birth date of deceased (mo., day, yr.)

Jan 23 - 1921

8. AGE:

Years

27

Months

6

Days

9

If less than one day

hrs.

min.

2769hrs.min.2769hrs.min.2769hrs.min.2769hrs.min.2769hrs.min.

9. Birthplace

Washington D.C.

(Town, county, and state)

attendant

11. Industry or business

12. Name William MacKell13. Birthplace unknown14. Maiden name Irene Adams15. Birthplace unknown16. Informant John F. Stewart Jr.Address 304 St N.E. Washington17. Burial Date thereof Aug 2 1948

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory WoodlawnLocation Washington D.C.18. Funeral director John F. Stewart Jr.Address 304 Street N.E.Washington D.C.19. 8/2/48 19 Washington D.C.

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Washington County D.C.

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1948 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

death the first seen to seen 19

and that I last saw him alive on 19

Immediate cause of death AsphyxiaDue to Choking

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7/31/48Where did injury occur? Bethesda (City or town) St. Marys (County) MD. (State)Injured at home, farm, industry, public place (where?) St. Clements BayMeans of injury Choking Injured at work? no23. SIGNATURE John F. Stewart Jr. M. D. or otherAddress 304 Street N.E. Date signed 8/2/48

Registrar

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 4 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

07556

159

1. PLACE OF DEATH:

County St Marys
 City or town Leonardtown Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 hours + 7 min
 Hospital, institution, or street address where death occurred:
St Marys Hospital
 How long in hospital or institution? 9 hours + 7 min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys
 City or town Leonardtown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Leo Milton

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Infant

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

July 27 - 1945

8. AGE:

Years

Months

Days

If less than one day

9 hrs. 7 min.

9. Birthplace

Leonardtown St Marys Maryland
(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

MOTHER FATHER

12. Name

George A. Mattingly

13. Birthplace

St Marys Co

14. Maiden name

Elizabeth Will Duke

15. Birthplace

St Marys Co

16. Informant

Mrs John Mattingly

Address

Compton Maryland

17. (Burial, cremation, or removal, Which?)

Burial Date thereof July 29 1945
(month) (day) (year)

Cemetery or crematory

St Annes

Location

Leonardtown Md

18. Funeral director

W. C. Mattingly

Address

Leonardtown Md

19.

7/291948Cavalier

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1948 at 12:10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him alive on July 28 1948Immediate cause of death prematurity
6 months

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

A. C. Welch M.D.

M. D. or other

Address

Chaptico, Md.Date signed July 29 1948

RECEIVED

AUG 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07557

256

1. PLACE OF DEATH:

County St. MarysCity or town Edwards
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 mo.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Wash County DCCity or town Same
(If outside city or town limits, write RURAL and give nearest town)Street No. 830 Underwood St N.W.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

7

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Wid

6. (b) Name of husband or wife

Ezia Omondroyd

7. Birth date of deceased (mo., day, yr.)

Aug 8 1871

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

It less than one day

76

8

29

hrs.

min.

9. Birthplace

St. Marys
(Town, county, and state)

10. Usual occupation

N.W.

11. Industry or business

John Thomas

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal (which))

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19.

2-8-48
(Date rec'd by registrar)

1948

N.V. Palmer

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

7-7

1948

at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

6-1-48 to 1948

and that I last saw deceased alive on 6-1-48

Immediate cause of death

Chronic
myeloid leukemia

Due to

Chronic
leukemia

Due to

Chronic
leukemia

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R.M.V. Palmer

M. D. or other

Address

Washington
D.C.

Date signed

2-8-48

RECEIVED

JUL 13 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07558

1. PLACE OF DEATH

County St. Marys
 City or town Lanardtown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 hours
 Hospital, institution, or street address where death occurred:
ST MARYS Hosp
 How long in hospital or institution? 10 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Washington, D.C. County ...
 City or town Washington, D.C.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 924 - 24 St. N.W.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Hildegard Mary Sturdges

3.(b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Talmadge Sturdges8.(c) If alive, give age ... years7. Birth date of deceased (mo., day, yr.) 19228. AGE: Years 26 Months ... Days ... If less than one day ... hrs. ... min.9. Birthplace Washington, D.C. (Town, county, and state)10. Usual occupation U.S. Navy11. Industry or business ...12. Name William T. Harley13. Birthplace Md.14. Maiden name Edith Harley15. Birthplace Washington, D.C.16. Informant William HarleyAddress 924 - 24 St. N.W.17. Burial, cremation, or removal (Which?) Burial Date thereof 7/25/48 (month) (day) (year)Cemetery or crematory Not Olivet Cem.Location Washington, D.C.18. Funeral director Thos FrazierAddress 389 N. 9th St. Wash. D.C.19. Date rec'd by registrar 7/25-48 Registrar Cavalier

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1948 at 4:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 25 1948 to July 25 1948and that I last saw him/her alive on July 25 1948Immediate cause of death Cerebral HemorrhageDue to traumatic skullDue to ...Other conditions leakage of scalp

(Include pregnancy within 3 months of death)

Major findings of operations ...Date of op. ...Autopsy results ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7/25/48Where did injury occur? Morganza St. Marys, Md. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Highway 242Means of Injury Auto accident Injured at work? No23. SIGNATURE John I. Sarno M. D. or other ...Address Lanardtown, Md. Date signed 7/25/48

1948
26
1977

RECEIVED
JUL 27 1948
BUREAU Y. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 466 07559 181

1. PLACE OF DEATH:

County St. Marys
 City or town Princ California
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Marys
 City or town Princ California
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1 1/2 miles east of California
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Clara J Watts

3. (b) Social Security Number

4. Sex Female 5. Color or race Black 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Ignatius Watts7. Birth date of deceased (mo., day, yr.) April, 18808. AGE: 68 Years Months Days If less than one day _____ hrs. _____ min.9. Birthplace St. Mary's Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name John L. Johnson13. Birthplace Unknown14. Maiden name Mary E. Smith15. Birthplace Unknown16. Informant Ignatius WattsAddress California17. Burial Date thereof July 31/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Holy Sac CemeteryLocation Great Mills, Md18. Funeral director Wm C Mattingly SonsAddress Leonardtown Md19. July 29, 1948
(Date rec'd by registrar)APR 1948
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29, 1948 at 12:10 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 15, 1948 to July 29, 1948and that I last saw him alive on July 27, 1948

Immediate cause of death

DURATION

Carcinoma of Stomach2 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE APR 1948

M. D. or other

Address Great Mills, Md Date signed July 29/48

RECEIVED

AUG 2 1948

BUREAU V. S.